



College/University Student – TB Test Verification Form

Requirements for TB Test Verification

This document confirms that the volunteer below meets the following requirements for submitting a TB test verification from his/her College or University.

1. The volunteer listed below is enrolled at _____ (name of College/University) and was subject to TB testing as a condition of enrollment. The volunteer tested negative for TB at the time of enrollment.

Volunteer Information

Name:

(Last)

(First)

(Middle)

Print – College/University Representative

Title

Signature – College/University Representative

Date

Phone

Email

College/University Name

College/University Address

City

State

Zip

This original form must be attached to the DCPS Volunteer Application.

For questions, please contact the Volunteer Coordinator at dcpsvolunteers@dc.gov or phone: 202-442-5447.